PATENT APPLICATION FEE DETERMINATION RECORD

Effective December 8, 2004

Application or Docket Number

10/577517

| | | CLAIMS A | S FILED - PART I (Column 1) | | | Column 2) | | SMALL ENT | TTY | OR | OTHER SMALL E | | |
|--|--|---|-------------------------------|---|------------------|---------------------------------------|----------|---------------------|------------------------|----|-------------------------|------------------------|--|
| U.S. NATIONAL STAGE FEES | | | | | | | | RATE | FEE | | RATE | FEE | |
| BASIC FEE | | | | | | | 1 | BASIC FEE | | OR | BASIC FEE | 300 | |
| EXAMINATION FEE | | | | | | · · · · · · · · · · · · · · · · · · · | | EXAM. FEE | | | EXAM. FEE | 200 | |
| SEARCH FEE | | | - | | A4-30° | | 1 | SEARCH FEE | | | SEARCH FEE | 400 | |
| FEE FOR EXTRA SPEC. PGS. | | | minus 100 = | | | / 50 = | | X \$ 125 = | | | X \$ 250 = | 100 | |
| TOTAL CHARGEABLE CLAIMS | | | 9 minus 20 = * | | | | | X \$ 25 = | | OR | X \$ 50 = | | |
| INDEPENDENT CLAIMS | | | 2 minus 3 = * | | | | 1 | X \$ 100 = | | OR | X \$ 200 = | | |
| MUL | TIPLE DEPEN | DENT CLAIM PRI | SENT | | | | | + \$ 180 = | | OR | + \$ 360 = | | |
| * If | the difference | in column 1 is | ess than zero, enter "0" in c | | | lumn 2 | . | TOTAL | | OR | TOTAL | 900 | |
| CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column | | | | | | (Column 3) | _ | SMALL ENTITY | | | OTHER THAN SMALL ENTITY | | |
| AMENDMENT A | | CLAIMS REMAINING AFTER AMENDMENT | | HIGHEST NUMBER PREVIOUSLY PAID FOR | | PRESENT EXTRA | | RATE | ADDI- TIONAL FEE | | RATE | ADDI- TIONAL FEE | |
| | Total | * | Minus | ** | | = | | X \$ 25 = | | OR | X \$ 50 = | | |
| | Independent | * | Minus | *** | | = | | X \$ 100 = | | OR | X \$ 200 = | | |
| | FIRST:PRESENTATION OF MULTIPLE DEPENDENT CLA | | | | LAIM | | | + \$ 180 = | | OR | + \$ 360 = | | |
| | | | | | | - | | TOTAL ADDIT. FEE | | OR | TOTAL ADDIT. FEE | | |
| | | (Column 1) | | (Colum | ın 2) | (Column 3) | | | | ^ | | | |
| AMENDMENT B | | CLAIMS REMAINING AFTER AMENDMENT | | HIGHE NUMB PREVIOU PAID F | ST ER USLY | PRESENT EXTRA | | RATE | ADDI- TIONAL FEE | | RATE | ADDI- TIONAL FEE | |
| | Total | * | Minus | ** | | = | | X \$ 25 = | | OR | X \$ 50 = | | |
| | Independent | * | Minus | *** | | = | | X \$ 100 = | | OR | X \$ 200 = | | |
| | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM | | | | | | | + \$ 180 = | | OR | + \$ 360 = | | |
| * If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than '20', enter "20". *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than '3', enter "3". | | | | | | | | | | | | | |
| | | mber Previously Paid | | | | | in the | e appropriate box | in column | 1. | | | |